

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-028503

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3975

STATE FILE NUMBER

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 6222 E. 11th	

3. NAME OF DECEASED (Type or print) First VIRGIL Middle R Last MC GAUGH			4. DATE OF DEATH Month JULY Day 13 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-11-96	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Officer		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Mo		11. BIRTHPLACE (City and state or country) Albany, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Lottie McGaugh		13b. MOTHER'S MAIDEN NAME Miriam Woodruff		14. NAME OF HUSBAND OR WIFE Jenn McGaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. VA HOSPITAL OFFICIAL RECORDS, KCMO		17. INFORMANT Jenn McGaugh (Wife)	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE DUE TO (b) ACUTE PASSIVE CONGESTION OF THE LUNGS DUE TO (c) PARTIAL OBSTRUCTION OF BRONCHI BY MUCO PURULENT MATERIAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. VA attended the deceased from 6-11-63 to 7-13-63 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>James M. Flynn</i> (Degree or title)	22b. ADDRESS VA Hospital, KCMO
22c. DATE SIGNED 7-14-63 (State)	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/16/1963	23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery	23d. LOCATION (City, town, or county) Orrick Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home		25. DATE RECD. BY LOCAL REG. 7-15-63	26. REGISTRAR'S SIGNATURE <i>Arith Long</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
James M. Flynn

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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23208

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9527.2

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12760

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jimmy S. Birch

Licensed Embalmer No. 5212

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.